

SCORA

Guest Membership Application



APPLICANT INFORMATION

Last Name:		First:		M.I.:	Today's Date:
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
U.S. Cell Phone:		E-mail Address:			
SCORA Race you wish to attend:		Your current Club/Team Name:		Your Paddling Association:	
Date:					
Coach name:		cell:		email:	
Your Date of Birth:		Sex	M	F	Other
What SCORA Division do you plan to race?		Are you bringing canoes? Model/weight:			
		Yes No			
Have you read the SCORA Race Rules?		YES	NO	Do you meet the Essential Eligibility Criteria below?	
				Yes No	

Essential Eligibility Criteria
 For the safety of all paddlers, each paddling participant must have the ability to:
 - Swim, and be in good physical condition. SCORA shall set its own standards for swimming tests based on local race conditions.
 - Get out from under the canoe when capsized, remain face up in the water, don a life jacket, assist in righting the canoe, and/or make progress towards the shoreline or a safety vessel
 - Enter and exit the canoe independently from land and water. SCORA Race Officials may verify applicant's abilities to complete these requirements.

PADDLING RESUME

Longest distance race you have completed?		Date:	Division:	Seat:
Years of paddling experience:		Divisions raced:		Seats:
Previous Club Name:		Coach name:	Email:	phone:
Dates From:	To:	Divisions raced:	Seats:	

Are you currently restricted from paddling with any club, why?

INSURANCE

Please attach photo copy of your current Medical Insurance Card front and back.

Personal Insurance Company Name:		Policy #:
Email:		Phone:
Address:		
Paddling Association:		Association's Liability Insurance policy #:
Association's Insurance Company:		Phone:
Emergency Contact:		
Emergency Contact Number:		Relationship:

DISCLAIMER AND SIGNATURE
 I certify that my answers are true and complete to the best of my knowledge. I have read and understand, filled out and signed a SCORA Release of Liability Waiver. I understand that I participate at my own choice, and that paddling is dangerous and that I assume all risk and liability for myself. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release. I understand that a SCORA Guest Membership is only valid for one SCORA race per year.

SIGNATURE:	DATE:
-------------------	--------------